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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/050,739 03/30/1998 PAT 6,641,814
 which claims benefit of 60/044,624 04/18/1997
 and claims benefit of 60/070,488 01/05/1998

**** FOREIGN APPLICATIONS *******

DENMARK DK 1997 00376 04/02/1997
 DENMARK DK 1997 01277 11/10/1997
 DENMARK DK 1998 01281 10/08/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 10/20/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY DENMARK	SHEETS DRAWING 6	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

TB diagnostic based on antigens from M. tuberculosis

FILING FEE RECEIVED 3110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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